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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *BB*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *AB*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 18	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after conditions met <i>BB</i> Allowance				
Verified and Acknowledged <i>BB</i> Examiner's Signature	Initials			

## ADDRESS

22879

## TITLE

Wide array fluid ejection device

FILING FEE RECEIVED 1872	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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